



COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled OUTBOUND VOICE SIGNATURE CALLS, the specification of which:

[X] was filed on October 23, 2003 as Application Serial No. 10/692,462.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose all information I know to be material to patentability in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby claim the benefit under Title 35, United States Code, §119(e)(1) of any United States provisional application(s) listed below:

U.S. Serial No.	Filing Date
60/420,648	October 23, 2002

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose all information I know to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56(a) which became available between the filing date of the prior application and the national or PCT international filing date of this application:

U.S. Serial No.	Filing Date	Status
10/214,444	August 8, 2002	Pending
10/367,964	February 19, 2003	Pending
10/666,534	September 19, 2003	Pending

I hereby appoint the following attorneys and/or agents to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

R. Whitney Winston, Reg. No. 44,432

Address all telephone calls to R. WHITNEY WINSTON at telephone number (800) 464-0944.

Direct all correspondence to the undersigned at the following address:

R. Whitney Winston
 Winston IP
 7918 Jones Branch Dr.
 Suite 600
 McLean, VA 22102

Combined Declaration and Power of Attorney

Page 2 of 2

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

Full Name of Inventor: CLAYTON KITTRELL

Inventor's Signature: _____

Date: 3-10-07

Residence Address: Baton Rouge, LA

Citizenship: United States

Post Office Address: 7250 Perkins Rd. #1125
Baton Rouge, LA 70808

Full Name of Inventor: BENJAMIN WRIGHT

Inventor's Signature: _____

Date: _____

Residence Address: Dallas, TX

Citizenship: United States

Post Office Address: 2912 SMU Blvd.
Dallas, TX 75205

Full Name of Inventor: RAY GRUBBS

Inventor's Signature: _____

Date: _____

Residence Address: Ridgeland, MS

Citizenship: United States

Post Office Address: 108 Windsong Cove
Ridgeland, MS 39157

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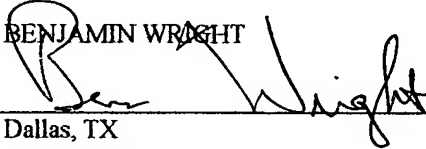
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Full Name of Inventor: CLAYTON KITTRELL

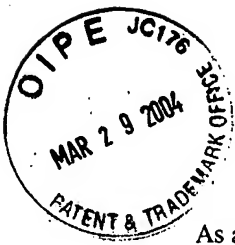
Inventor's Signature: _____ Date: _____
Residence Address: Baton Rouge, LA
Citizenship: United States
Post Office Address: 7250 Perkins Rd. #1125
Baton Rouge, LA 70808

Full Name of Inventor: BENJAMIN WRIGHT

Inventor's Signature:  _____ Date: 12 March 09
Residence Address: Dallas, TX
Citizenship: United States
Post Office Address: 2912 SMU Blvd.
Dallas, TX 75205

Full Name of Inventor: RAY GRUBBS

Inventor's Signature: _____ Date: _____
Residence Address: Ridgeland, MS
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Post Office Address: 108 Windsong Cove
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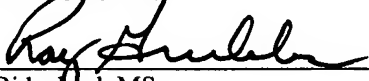
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